



**RE-ENTRY EMPLOYMENT INCENTIVE
PAYMENT REQUEST FORM**

APPLICANT INFORMATION

Legal Business Name:	Business TIN (SSN or EIN):
Name of Company Contact Person:	Contact Person Phone Number and Email:
Employee Name:	EE Job Title:

REQUEST

Request for <input type="checkbox"/> initial payment <input type="checkbox"/> subsequent payment		
Request Period	Period Beginning Date:	Period End Date:
Total hours worked during the request period:		Total wages earned during the request period:
Has the wage changed during the period? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, Starting Wage:	New Wage:
Has the position changed during the period? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, previous position title:	New position title:
All requests must be accompanied by paystubs documenting the employee's earnings. Attach documentation supporting your request for the entire period.		

By signing this application, I hereby certify that all information contained herein is true, accurate, and correct to the best of my knowledge. I understand that providing false information will render my application automatically disqualified from receiving grant funds.

Signature of Authorized Business Representative

Date

Signature of Authorized Employ Prince George's Representative

Date

Signature of Authorized Prince George's County Government Representative

Date

Submit request to PGCreentryIncentive@co.pg.md.us along with payroll documentation.

For Staff Use Only

Authorized reimbursement amount: \$ _____ \$5.00 per hr for up to 40 hrs. Must work min. of 21 hrs.

Total reimbursements to date do not exceed 1,000 hours Yes No

Total reimbursements to date do not exceed \$5,000 Yes No

Reimbursement period is within 1 year contract period Yes No

Staff Initials _____